

**Community Service Committee**  
**2024-25 Grant Application**

Date: \_\_\_\_\_

**About Your Organization**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is your organization a 501(c)3?    No \_\_\_    Yes \_\_\_    # \_\_\_\_\_

Organization Contact: \_\_\_\_\_

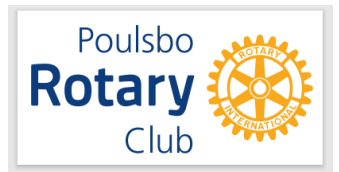
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_    Email: \_\_\_\_\_

Organization's Mission Statement:

Geographic Area Served:

Who serves on your Board of Directors? (List names below or attach a Board roster.)

Have members of your organization participated in public service projects sponsored by Poulsbo Rotary? Would you be interested in doing so in the future?



**About Your Project or Need**

Project Name: \_\_\_\_\_

Brief description of the project or need:

Total Project Budget (attach detail): \_\_\_\_\_

Amount requested from Poulsbo Rotary: \_\_\_\_\_

How would a grant from Poulsbo Rotary be used in this project?

Who will benefit from this project and where do they reside?

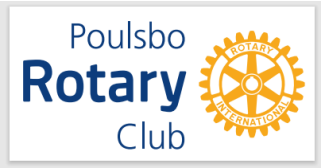
Project timeline (expected start and completion dates).

Please list other sources of project funding and amounts (including other service clubs).

What additional information should be considered when evaluating your project?

List additional documents you are submitting in support of your application.

(Reminder: if your request is greater than \$3,000, please submit current financial statements and project budget)



**If awarded a grant:**

1. The check should be made payable to:

Payee: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. You agree to attend a Rotary breakfast meeting and make a short presentation describing your organization, the project, and outcomes to date (realized or expected).
3. You agree to return the funds to Rotary and submit a new grant application, if this project is cancelled or substantially changed from that described in the application.
4. You agree to acknowledge the support of Poulsbo Rotary on social media and other communications specific to this project.

Application submitted by:

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Application Instructions**

- a. Applications must include this application form, a project budget, and, if your request is greater than \$3,000, and a current income statement and balance sheet.
- b. Email forms in PDF format are preferred. Please use the following file naming convention: [applicant name] – [document name].pdf. (e.g., Fishline–application.pdf)
- c. The application should be emailed to: **communityservice@poulsborotary.org**
- d. If your application cannot be submitted electronically, please mail it to:  
**Poulsbo Rotary Club, P.O. Box 1334, Poulsbo WA 98370, attention: CSC Chair.**
- e. **Applications must be received no later than November 8, 2024.**